

INDIANA FAMILY AND
SOCIAL SERVICES
ADMINISTRATION /
MENTAL HEALTH AND
ADDICTION

Larue D. Carter Memorial Hospital
2601 Cold Spring Road
Indianapolis, IN 46222-2202

Phone: 317-941-4000
Fax: 317-941-4085

Larue D. Carter Memorial Hospital The Carter Insider



Volume 15, Issue 2

February 2019

Our Vision:

To serve the citizens of Indiana as a center of excellence in mental health.

Our Mission:

To provide specialized treatment, education, and research in the field of mental health.

- Teaching
- Research
- Treatment

The Carter Insider

Editor: Deb Doty
This Month's Contributors:
Sarah Beard, Darryl Bledsoe,
Niki Brinker, Rob Clover, Paul
Fedorchak, Chasity Frank, Amy
Frazer, Rob Hood, Femi
Ijimakinwa, Leslie Lugo, Devin
Murphy, Laura Nixon, Larri
Sackett, Dr. Jerry Sheward,
Kausar Siddiqi, Carolyn Smeltzer,
Dr. Jennifer Walthall



by Laura Nixon, Adoption, Transformation, and
Communications Coordinator

Anticipation of what you can expect may be crossing your mind as we march toward Go Live on Monday, February 4. To help keep the project in perspective, Dr. Jerry Sheward has shared some words of wisdom.

How do we know we are ready for Go Live?

"No EMR system is ever really 'finished,' but should and will be continually modified based upon our needs and experiences. Adoption of an EMR is not a static event, but dynamic process of continual training and retraining over time."

Will there be an opportunity for training optimization?

"We are already discussing a post-activation retraining process which will take advantage of our staff having a user context in which to "hang" further information."

What's the reality of Go Live? Is this the end of the project, or just the beginning?

"Activation will not be a day for taking a deep breath and calling the job finished. If you're anxious about implementation, you should be. This is a major change and one of several for the system as a whole. If we're not anxious, we're not paying attention. Having said that, the current consensus of the leadership groups is that there is

nothing that should prevent activation as scheduled. There will be a period of decreased productivity while we change our workflows and expectations. This should not be cause for alarm or discouragement."

*"When I change,
the whole world
changes."*

Jaitsu Kohno roushi



A Message from the Superintendent by Rob Clover, LCH Superintendent

On September 7, 2018, I sent a hospital-wide email concerning vacation restrictions during the transition to the NDI. I am reprinting it here as a reminder.

"Team Carter, staff training requirements will increase significantly over the next six to eight months as we implement new technologies and plan our move to the NDI. In order to ensure that all staff are trained

and that the transition/move to the NDI is successful, vacation leave will be closely monitored and any request for vacation time of more than two consecutive days from January 2 through April 30, 2019, will be carefully reviewed and will require approval at all supervisory levels up to and including the Superintendent. A vacation request can be denied by any level of super-

vision due to the operational needs of the unit and the facility.

If you have questions or concerns, please contact your supervisor."

Requests that meet this criteria should be forwarded to each level of supervision until reaching the Superintendent's office.



CERTIFICATE OF EXCELLENCE

Congratulations to the following employees who were awarded
Certificates of Excellence:

Lena Allison

Kikuko Campbell

John Dearmin

Anthony Englert

Kyle Hood

Bill Myers

Diondrae Rice

Bruce Jussey

Kevin Bell

Christina Clark

Sabrina DeVol

Christal F.posito

Charles McNicholas

Brittany Paradiso

Wilimena Scott

Sharon White

Amanda Breining

Caitlin Cole

Lindsay Feklund

James Hambrock

Megan Miller

Marie Parrish

Jori Selznick

Michele Wood

*"Those that don't got it, can't show it. Those
that got it, can't hide it."*

Zora Neale Hurston



LCH Potpourri



Vernell Martin
February Employee of
the Month

Congratulations to Vernell Martin (Program Coordinator) on being named Employee of the Month! Vernell has been instrumental in moving staffing patterns to 12.5 hour shifts. She manages staffing with limited resources and keeps her sense of humor. She was also point person for a new scheduling system, "When to Work."

We welcome new state employees: **Beth Baker** (RN), **Ruby Davis** (BHRA), **Ryanne Godfrey** (Account Clerk), **Diane Rogers** (RN), and **Taryn Terry** (BHRA).

We welcome new agency/contract employees: **Chennell Moore** (BHRA), **Alexa Oaldon** (Housekeeper), **Austin Perez** (Security), **Alice**

Williams (BHRA), and **Donald Williams** (Housekeeper).

We say farewell to: **Myriam Kpotufe** (LPN), **NaTeisha Lewis** (Rehab Therapist), and **Fayobi Olorunbounmi** (Charge Nurse).



"If you would be loved, love, and be lovable."

Benjamin Franklin

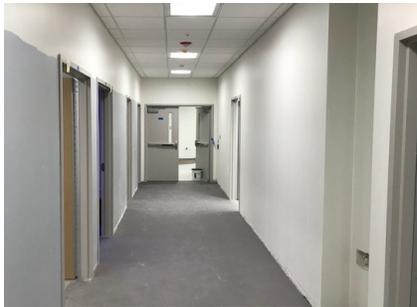
NDI Update photos by Dr. Jerry Sheward



It's getting close! So much is being done to ensure that we will be able to move in March. We've seen lots of photos concentrating on the outside of the building, but now things are really hopping on the inside, too!



Yay!



I'm so excited.



You can see that our new home will be *incredible*. A lot of good people have put lots of hard work into making NDI a reality. The work isn't finished yet, but many thanks go to everyone who has done, and is still doing their part.

Next month, we move!



**NDI Vision/
Mission:
NDI is dedicated
to the care of all
Hoosiers who
need our finest in
science and
compassion; a
place of healing,
training, and
research.**

I Am NDI!

As we quickly approach our move to the NeuroDiagnostic Institute, there are some basic things you may want to know.

NDI Overview

The NDI is a new 239,744 square foot, seven-story state-of-the-art state psychiatric hospital on the Community Hospital East campus with physical connectors on the lower level and first floor.

NDI's purpose is to deliver expert neurodiagnostic evaluations and treatments for patients upon their admission to the Indiana State Psychiatric Hospital Network (ISPHN).

NDI Goals and Model of Care

NDI's goals are to provide:

- ◆ Expert evaluation, treatment, research, and training of neurodiagnostic brain structure and function
- ◆ Short-stay assessments and refinement of diagnosis enabling the placement of patients in the most appropriate setting
- ◆ Efficient facilitation and coordination of state-wide resources
- ◆ Care that integrates general and other specialty healthcare

The model of care includes diagnosis and treatment of brain-based disorders including:

- ◆ Acute and chronic mental illness
- ◆ Chronic addictions
- ◆ Intellectual and developmental disabilities

- ◆ Identification and treatment of psychiatric comorbidities of traumatic brain injury and neurodegenerative illnesses such as Alzheimer's disease.

NDI, CHE, and Connectors

Beds on the 5th floor will be leased and operated by CHE.

The psych-med, neurocognitive, autism, and substance use disorder (SUD) units will be staffed by contract personnel. The unit managers and Associate Directors of Nursing will provide leadership oversight for these units.

Parking, Sally Ports and CHE Connectors

Staff parking is located in the CHE parking garage. Parking in surface lots is not permitted.

All patient care entrances are secured by badge reader access via a "sally port" system. Sally ports are secured passages that provide badge access control for entry and exit to minimize the possibility of patients leaving a unit when a door opens. They are located at the entrance of each patient unit and in the admissions and lobby areas.

There are two connectors between CHE and NDI:

- ◆ East: connector for staff/patient path of travel
- ◆ West: connector for supplies, equipment, and food services

Time Clocks and Elevators

Time clocks will be located at the entrance to each unit and in the staff locker rooms on the first floor.

There are five elevators at NDI:

- ◆ Elevator 1: reaches all floors including the basement and mechanical penthouse. It will be used primarily by maintenance, EVS, and food services; however it may be used by patients and staff. This elevator has a double set of doors.
- ◆ Elevators 2,3,4, and 5: reach all floors; used primarily by staff and for patient transport.

Staff Lounges and Food Services

A staff lounge with lockers and a nourishment area including vending machines is located on the first floor, adjacent to the corridor connection to CHE. Lockers will not be assigned, but will have integrated locks for shift use. A staff break area with a nourishment room is located on each floor of NDI.

Food services, including patient meals and nourishment room supplies, are provided by CHE.

Cerner, Viewpoint, and Vocera

NDI uses the new Cerner EMR. Viewpoint is used for communications between CHE and NDI as well as other SPHs.

There will be no overhead paging except in emergencies; paging can only be accessed by Security.

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I Am NDI! (continued from page 4)

Vocera is a badge-accessed, voice-activated command and communication system used as the primary verbal communication system, backed by two telephone lines and radios for each patient unit.

Supplies and Equipment

A new process for obtaining supplies has been developed utilizing unit-based par levels. Supplies will be delivered to the clean supply room on each unit on a scheduled basis.

The psych-med and neurocognitive units have medical gasses (one suction and one oxygen) in a secured wall system.

The loading dock is located on the lower level and is shared with CHE. Clean storage and medical gas storage are on lower level 2.

Patient beds for adult and youth are weighted and approved for psychiatric inpatient use.

Scheduling Rooms

Conference rooms on the first floor will be scheduled through Outlook by administrative assistants.

Clinical group rooms, telehealth rooms, and visitor

rooms will be scheduled through Cerner.

Room W-133 in the clinic may be used as a lactation room.

Medications

The pharmacy is located on the first floor of the NDI and is open from 8 am to 4:30 pm, Monday-Friday, with on-call support after hours.

Pharmacy access is limited to pharmacy personnel only.

There is a medication room located on each patient care unit with Med-Select automated medication dispensing units, medication refrigerator, under-counter refrigerator for food/fluids needed for medication dispensing and a work area with a sink.

Patients Assessed for Admission

Patients will be assessed for admission based upon the following criteria:

- ◆ Viable discharge plans within 120 days (adults) and 180 days (youth)
- ◆ Patient is a candidate for treatment modalities such as ECT, RTMS, sleep lab, or infusions that are not

available at other state hospitals

- ◆ Meets specific admission criteria for psych-med, SUD, or autism unit

Patient admissions will be scheduled Monday-Friday, 8 am to 4 pm. Patients will arrive via the first floor ambulance entrance and be received by Security, Admissions, and a staff member from the receiving unit.

Visitation

Visiting hours are from 4 pm to 8 pm for adults and youth on weekdays and from 1 pm to 8 pm on weekends.

Patient family members and/or visitors who need to access the administration suite for appointments with staff will go through metal detection screening and will be escorted to and from the suite by Security or their designee.

There are security cameras throughout the building.

Patients leaving the facility with family on pass will go out through the Security desk in the first floor lobby.

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"If they don't give you a seat at the table, bring in a folding chair."

Shirley Chisholm



"A life is not important except in the impact it has on other lives."

Jackie Robinson

I Am NDI! (continued from page 5)

Lower level	1st floor	2nd floor	3rd floor
Loading dock	Admissions (including intake rooms)	Psych-med unit (13 beds)	Child unit (12 beds)
Medical records	Security: sally port; metal detector	Neurocognitive unit (11 beds)	Male adolescent unit (13 beds)
Storage: supplies; medical gas; patient belongings; EVS equipment	Administration suite (including business office; health information services)	Rooms: shower; dining; day; medication; clean supply; seclusion; visit; nourishment; quiet; consult	Female adolescent unit (12 beds)
Information systems	Advanced Treatment Center: ECT; sleep lab; RTMS; exam rooms; unit control; blood draw; genetics	IPS school (including outdoor play area)	Rooms: shower; dining; day; medication; clean supply; seclusion; visit; nourishment; quiet; consult
Training room	Pharmacy	Staff break area	Staff break area
Mail room	Staff lounge; male/female lockers		
Soiled holding	Entrance; lobby; Bistro area		
EVS office	Conference center		
4th floor	5th floor	6th floor	7th floor
Adult unit (13 beds)	CHE adult unit (13 beds)	Adult unit (14 beds)	Adult unit (14 beds)
Adolescent substance use disorder unit (13 beds)	CHE adult unit (13 beds)	Rooms: shower; dining; day; medication; clean supply; seclusion; visit; nourishment; quiet; consult	Adolescent autism unit (10 beds)
Rooms: shower; dining; day; medication; clean supply; seclusion; visit; nourishment; quiet; consult	Rooms: shower; dining; day; medication; clean supply; seclusion; visit; nourishment; quiet; consult	Treatment mall: barber shop; gaming room; chapel; living skills; virtual reality therapy; art/music; library/computer	Autism support (sensory therapy & library/computer room)
Staff break area	Staff break area	Staff break area	Rooms: shower; dining; day; medication; clean supply; seclusion; visit; nourishment; quiet; consult
			Staff break area

Anthem Changes Covered Radiology Providers



Anthem has announced the termination of an agreement with Radiology of Indiana, which had been a participant in the Anthem Blue Cross and Blue Shield preferred provider network. Radiology of Indiana interprets imaging services in hospitals operated by Franciscan Alliance and Community Health Network in Marion, Hamilton, Hancock, Hendricks, Johnson, and Morgan counties as well as Johnson Memorial

Hospital and Hancock Regional Hospital.

Although the agreement ended January 1, 2019, Anthem will continue to process radiology claims from the above hospitals at the in-network level. However, Radiology of Indiana could choose to bill the consumer for any charges above Anthem's reimbursement.

Consider discussing this with your physician prior to receiving

radiology care at hospitals where Radiology of Indiana provides services. By getting a referral to an in-network radiology provider, Anthem members could avoid additional out-of-pocket costs. To find an in-network radiology services provider, members may contact the number on the back of their health insurance ID card or click on "Find a Doctor" at www.anthem.com.

New Training Director Named by Femi Ijimakinwa, QA Director



Paul Fedorchak

Please join me in congratulating Paul Fedorchak for his promotion to Staff Development Director. Paul began his LCH career in August 2017 as a staff development program coordinator and he has contributed immensely to staff develop-

ment. Paul is a graduate of Franklin College and has a wealth of experience in social service, teaching, and journalism. He will be responsible for a variety of duties to enhance the knowledge, skills, and abilities of staff, including orienta-

tion, in-service training, on-line supervisory training, and on-site presentations.



Personal Electronic Devices by Niki Brinker, Maintenance Supervisor



I recently completed a safety survey in the hospital, and I noticed several space heaters and other electronic devices that needed inspections or should not be used within LCH.

Personal Electronic Devices

⇒ All electronic devices must be inspected before you plug it in. This includes patient personal electronic devices. You can have such devices

inspected by sending a work order to the maintenance department.

⇒ This is hospital policy. To read the policy, go to <https://fssa-carter.policystat.com/policy/2986868/latest/>

Space Heaters

⇒ Do not plug space heaters into a power strip.
 ⇒ Space heaters must have a three-foot clearance

around them.

- ⇒ You must unplug heaters when you leave the area.
- ⇒ Heaters must have a tip over switch.
- ⇒ Check your cords for exposed wiring due to fraying or melting.
- ⇒ Space heaters should never be used in a patient area.

"The most important things are the hardest to say."

Stephen King



I Am NDI! (continued from page 6)

February Training

<u>SUNDAY</u>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1 VOCERA LMS assigned	2
3	4 CERNER GO-LIVE	VOCERA LMS	VOCERA LMS	VOCERA LMS	VOCERA LMS	9
10	11 NEO VOCERA LMS	12 NEO VOCERA LMS	13 NEO VOCERA LMS	14 NEO VOCERA LMS	15 NEO VOCERA LMS	16
17	18 NEO RN NEO CERNER BHRA VOCERA LMS PLAYBOOK LMS 4-7th floor ready	19 NEO CERNER RN VOCERA LMS PLAYBOOK LMS	20 VOCERA LMS PLAYBOOK LMS	21 VOCERA LMS PLAYBOOK LMS	22 VOCERA LMS PLAYBOOK LMS	23
24	25 Vocera 1300-1500 1530-1630 PLAYBOOK LMS Nihon Kodan LMS	26 Vocera 0800-1000 1030-1130 1230-1330 1400-1500 1530-1630 PLAYBOOK LMS Nihon Kodan LMS	27 Vocera 0800-0900 0930-1030 1100-1200 1300-1400 1430-1530 PLAYBOOK LMS Nihon Kodan LMS	28 Vocera 0730-0830 0900-1000 1030-1130 1300-1400 1430-1530 1600-1700 PLAYBOOK LMS Nihon Kodan LMS	1 Notes: VOCERA LMS to be completed prior to live class by all end users	2

I Am NDI! (continued from page 8)

March Training

<u>SUNDAY</u>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
24	25	26	27	28	1	2
					Vocera 0730-0830 0900-1000 1030-1130 1300-1400 1430-1530 1600-1700 PLAYBOOK LMS Nihon Kodon LMS	
3	4	5	6	7	8	9
	DAY IN THE LIFE/NDI Tours TEMPTRAK Webinar	NDI TOURS	NDI TOURS	NDI TOURS	NDI TOURS	
10	11	12	13	14	15	16
	Contract NEO Nihon Kodon live	Contract NEO Nihon Kodon live	Contract NEO Centrack Training (Pharmacy) Nihon Kodon Live	Contract NEO Nihon Kodon Live	OPEN HOUSE Contract NEO Nihon Kodon Live	
17	18	19	20	21	22	23
	Vocera trainers here 1/2 day Contract NEO	Vocera trainers here Contract NEO	PATIENT MOVE DAY	Vocera trainers here	Vocera trainers here	Vocera trainers here 1/2 day
24	25	26	27	28	29	30
31	1	Notes				

ActiveHealth Is Live! by Larri Sackett, HR Generalist



Many of you have been asking what will happen with the Wellness Plan now that Go365 is no longer with the State of Indiana. Please don't panic. ActiveHealth went live in January but there are a few things to remember when joining so you get the lower insurance rate.

It is highly suggested that you register on a computer before trying to download on your mobile device.

Once you register, you can select to take the health assessment. Once completed, you will receive a \$50 gift card (via email) just for doing this. Keep in mind the gift card will not be sent until February 1, 2019.

Once the biometric screening is complete, you will receive a \$100 gift card (via email). The NDI is scheduled for the end of June at the new hospital.

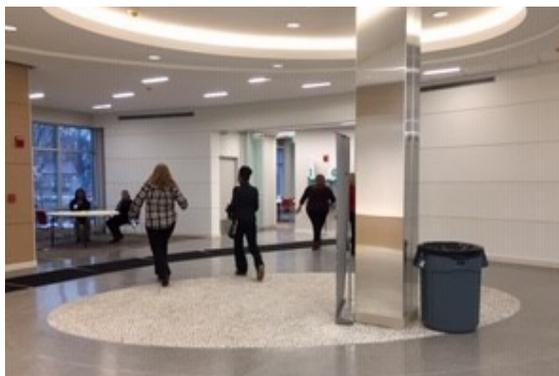
Now, in order to qualify for the lower insurance rate, you will need to complete one of four options. If you are single, you will need to complete one out of four options. If you are in the family plan, then both employee and spouse must complete one of four options. Adult children can create their own accounts and use all of the resources provided by ActiveHealth. They will not, however, be rewarded or penalized for participation.

What are the four options? They are:

- ◇ Have four coaching sessions with an on-site or telephonic health coach.
- ◇ Reach level 5 (which is 9,000 hearts) by participating in digital coaching, health education, and health goals on the ActiveHealth platform.
- ◇ Track 10,000 steps a day for at least 75 days of the quarter, 20 out of three quarters, using a tracking device.
- ◇ Complete 45 minutes of physical activity three days a week, at least 11 weeks of the quarter, two out of three quarters using a tracking device.

A Peek Inside NDI photos by Amy Frazer

On January 19, several of our coworkers got the chance to get a sneak preview of the new NDI. Let the photos speak for themselves!



Wellness Works! by Kausar Siddiqi, Member, Health & Wellness Committee

Wear Red Day Observed

On the first Friday of every February, which is designated as American Heart Month, the nation comes together, forming a wave of red from coast to coast. From landmarks to news anchors and neighborhoods to online communities, this annual groundswell unites millions of people for a common goal: the eradication of heart disease and stroke. This year, Wear Red Day is Friday, February 1.

History of National Wear Red Day

This observance was established in 2002 by the American Heart Association and the National Heart, Lung and Blood Institute. Every year since its inception, this campaign has continued to reach a higher audience. This has resulted in greater awareness about heart

disease and how it affects women. It has also prompted a change in behavior. Since it began, a third of women in the US have lost weight and half of them are more physically active.

Heart Disease Facts

- Heart disease kills one woman every 80 seconds.
- Every year, 30% of the deaths among women in the US are caused by heart attacks and strokes.
- 64% of women who die suddenly from heart disease will have no prior symptoms.
- High cholesterol, high blood pressure, diabetes, obesity and smoking all contribute to heart disease.
- Physical inactivity also is a

contributing factor to heart disease.

Celebrating National Wear Red Day

National Wear Red Day is a great way to raise awareness about the growing epidemic of heart disease in women. It is also a good day to show the women in your life that you care about her health by wearing red out in public. And if you're a woman, then you might want to use the day to learn your 5 numbers (blood pressure, cholesterol and triglyceride, blood sugar, and body mass index) and find out what you can do to live a healthier, and ultimately happier, life.

Source: <http://www.holidayscalendar.com/event/national-wear-red-day/>



All staff members are invited to join the walk to recognize National Wear Red Day!

Day: Friday, February 1st, 2019
Place: Gym (first floor)
Time: 10:30 – 11:00 a.m.

Wear Red!!!

Sponsored by the Health and Wellness Committee

New Wellness Resources for 2019



ActiveHealth
MANAGEMENT.

Get started on your 2019 wellness goals and earning a discount on 2020 health premiums by taking advantage of the numerous resources offered through ActiveHealth, a new state wellness partner.

Personalized health coaching

and more are available to all adult health plan members and covered spouses **RIGHT NOW!** ActiveHealth helps encourage and enable healthy lifestyles by providing digital, telephonic, and onsite health coaching.

Three dedicated health coaches will travel throughout the state to work with employees and

agency-based Wellness Champions at their work locations. ActiveHealth will also facilitate biometric screenings and health risk assessments.

It pays—literally—to complete those screenings.

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NDI Technical Transition by Darryl Bledsoe, LAN Administrator, Intermediate



As we are preparing to transition to the NDI, the IT Department will be starting our first phase of deployment for our network resources at the end of the month. For that to happen, we have to deploy approximately 30 PCs inside the new facility.

In preparation for this, you may notice PCs being removed from various places inside Larue Carter. These will help us facilitate the start of the

deployment. We understand that this may come as an inconvenience to some departments. However, please understand that this is what is needed to help make our transition as smooth as possible. It will assist with minimizing the downtime once we move, as well as prepare us for working with shared resources, which will be the set-up at NDI.

The technological experience at the NDI will be new, it will

be great, and it will be a much different experience for everyone! We want to do what we can to help make this transition easy as possible. As stated before, we have begun moving some PCs out, but we will have to move more. We sincerely apologize for any inconveniences that this may cause—and we thank you for your patience during this exciting time for Larue Carter.

Culturally Savvy by Deb Doty, Chair, Cultural Diversity Committee



RECOVERY FOCUS

This Month's Recovery

Goal: Respect

Community, systems, and societal acceptance and apprecia-

tion for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps

toward recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

"When the power of love overcomes the love of power, the world will know peace."

Jimi Hendrix



New Wellness Resources for 2019 (continued from page 12)



Complete a health risk assessment through ActiveHealth (it only takes about 10 minutes), and you will earn a \$50 electronic gift card! Getting a biometric screening in 2019 will get you a \$100 electronic gift card. There you have it: two very important health screenings completed and a cool \$150 to put toward a purchase of something you like! E-gift cards can be redeemed beginning February 1.

Beyond that, you and your spouse can earn a healthcare premium discount in 2020 by each doing JUST ONE of the following through ActiveHealth:

- Complete four coaching sessions (face-to-face or over the phone). Each session lasts around 30 minutes.
- Complete an online digital health education series up to Level Five. You choose the topics!
- Record at least 45 minutes of physical activity three days per week by using a synced device. You'll need to do this for 11 weeks each quarter, for at least two quarters this year.
- Record 10,000 steps per day for 75 days of a quarter, for at least two quarters this year.

Remember, in order for ActiveHealth to recognize your steps/physical activity, you must sync a fitness device with your ActiveHealth account. Only activity/steps that occur after

you have synced the device are tracked and credited.

Note: spouses covered by a state health plan must also complete one of the above in order for the employee to earn the premium discount.

More details about the premium discount level will be shared as plan options for 2020 are developed.

A wealth of resources are available to all portal users, and you can learn much more about many of the program's great benefits by attending an ActiveHealth webinar! Register for an upcoming webinar at <https://www.myactivehealth.com/portal>. During a webinar, you can ask questions and interact live with ActiveHealth experts. You can learn how the program can support your own personal wellbeing, discover ways the onsite health coach can support you and your workplace, enter to win a weekly prize drawing and much more.

ActiveHealth is a treasure trove of wellness help for State of Indiana employees enrolled in a benefits plan, but there are several other new health resources available to all employees, regardless of their choice of medical coverage.

Beginning February 1, ALL state employees and their spouses will be eligible to participate in wellness campaigns and challenges through OurHealth and Limeade Corporate Wellness App! A wide variety of fun activities awaits, and complet-

ing them gives you a chance each month to win prizes such as workout equipment or health food-friendly kitchen appliances. The more activities you join, the more chances you have to win monthly prizes, and the more entries you'll have for the 10 grand prizes awarded at the end of the year.

LiveHealth
ONLINE

You can use your phone to see a licensed healthcare provider 24/7! With LiveHealth Online, you can see a board-certified doctor for \$49 or less via video by using your smartphone, tablet, or webcam-equipped computer. Sign up for free at <https://livehealthonline.com/> or download the mobile app from your device's app store.

Help with medical problems, allergies, and even mental health concerns is available through LiveHealth Online. Prescriptions may also be sent to your pharmacy of choice, if needed.



Another resource available to all State of Indiana employees is Anthem's Employee Assistance Program (EAP).

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"May you live as long as you wish and love as long as you live."

Robert A. Heinlein

New Wellness Resources for 2019 (continued from page 13)



The EAP is a confidential information, support, and referral service that offers a variety of tools and resources to boost productivity and help people meet life's challenges. You can get help with emotional concerns, financial issues, legal concerns, child and adult care, and much more.

You can now receive up to eight free sessions with a professional, per issue, per year.

Better yet, you can also use LiveHealth Online to utilize the enhanced visits. Each lasts about 45 minutes, and you can even choose the therapist you would like to see.



Another valuable EAP resource is a new program called "mystrength." Think of it as a

sort of "health club for your mind" that provides personalized and proven online and mobile resources to promote ongoing emotional wellbeing. After all, good mental health is vitally important to overall health.

Go to anthemeap.com to learn more and sign up.

Infection Prevention by Carolyn Smeltzer, RN, LCH Infection Preventionist

What is norovirus?

Norovirus is a serious gastrointestinal illness that causes inflammation of the stomach and/or intestines. This inflammation leads to nausea, vomiting, diarrhea, and abdominal pain. Norovirus is extremely contagious from one person to another. Norovirus is not related to the flu, even though it is sometimes called the stomach flu. Anyone can get norovirus, and they can have the illness multiple times during their lifetime.

Norovirus causes approximately 21 million illnesses each year. It is the leading cause of illness and outbreaks related to food in the United States. Symptoms start between 12 to

48 hours after being exposed and can last anywhere from one to three days. Symptoms include diarrhea, nausea, vomiting, and/or stomach pain. Dehydration is a big concern for people with norovirus, especially in the elderly and the very young, and a major reason for people being hospitalized. People are most contagious when they are actively sick and for the first few days after getting over the illness.

How serious is norovirus?

Norovirus is a serious illness that makes people feel extremely ill and vomit or have diarrhea. Most people get better within one to two days. Norovirus can be very serious among children, the elderly,

and people with other illnesses, and can lead to severe dehydration, hospitalization, and even death.

How does norovirus spread?

It generally spreads when infected food service workers touch food without washing their hands well or at all. Norovirus spreads from:

- Person-to-person (e.g., shaking hands, sharing food or eating from the same utensils, or caring for someone who is ill with norovirus).

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"My story is a freedom song of struggle. It is about finding one's purpose, how to overcome fear and to stand up for causes bigger than one's self."

Coretta Scott King



Infection Prevention (continued from page 14)

- Touching contaminated surfaces or objects, and then touching your mouth, nose, and eyes.
- Consuming contaminated food or water. Not washing hands before preparing food or eating, or after using the bathroom or changing diapers.

Why is norovirus so contagious?

Norovirus spreads so easily because it can be in your feces before you start feeling sick, and it can stay for two weeks or longer after you're feeling better. Combine that with people not doing a great job of washing their hands and you have big potential for spreading this virus. Norovirus can spread quickly in closed places such as daycares, nursing homes, schools, and cruise ships.

How can you protect yourself from norovirus?

- Wash your hands often and well. Wash your hands carefully with soap and water, especially before preparing or eating food, using the restroom or changing diapers. Alco-

hol-based hand sanitizers are not a substitute for washing with soap and water.

- Use precautions in the kitchen. Always wash fruits and vegetables and cook food thoroughly before eating.
- Do not prepare food if you are sick. People who are infected with norovirus should not prepare food for others while they have symptoms and for three days after they recover from their illness.
- Wash laundry thoroughly. Immediately remove and wash clothing or items that may be contaminated with vomit or fecal matter. Handle soiled items carefully. Wash laundry with detergent for the longest cycle time available and then machine dry.
- Clean and disinfect contaminated surfaces thoroughly. After an episode of illness, such as vomiting or diarrhea, immediately clean and disinfect contaminated surfaces by using a bleach-based household cleaner as di-

rected on the product label or a 1:10 solution by mixing 1/4 cup of bleach to 2 and 1/4 cups of water. Bleach is very caustic and emits potentially lethal fumes, so it should never be used full strength; mix in a well-ventilated area and use caution to prevent splashing.

Is there treatment for norovirus?

There is no vaccine to prevent infection with norovirus. There is no specific drug available to treat people with norovirus illness. Antibiotics will not help you if you are sick from the virus. This is because antibiotics fight against bacteria, not viruses.

Hydration is key for infected individuals. They must drink plenty of fluids to replace fluids lost through vomiting and diarrhea. In some cases, hospitalization is required for intravenous fluids. The best thing to do is to contact your doctor, treat symptoms (especially dehydration), and stay home. If you suspect you have norovirus, contact your healthcare provider immediately.



"I had crossed the line. I was free; but there was no one to welcome me to the Land of Freedom. I was a stranger in a strange land."

Harriet Tubman





Monthly Reflection by Jennifer Walthall, MD, FSSA Secretary

Early in my career as a teaching physician, our group of pediatricians decided to completely change the way we took care of patients while they were in the hospital. We checked out a new practice called “patient-centered rounding” where the entire team would go to the patient’s room and talk about their care *and include them in the conversation*. It was revolutionary to talk **with** patients instead of **about** them.

On day one, our third patient was a young boy who had been involved in a car accident the night before and who had been admitted to the hospital to control his pain from a broken hip. The type of fracture he had would heal just fine.

The intern on the team began to present his case, full of medical jargon, and summarized his presentation with this sentence: “This is a 10-year-old male status post MVC with an inoperable hip fracture. His pain was well controlled overnight, and he is ready for discharge with outpatient physical therapy.”

As the attending, I got to watch the show. After this statement was uttered, I watched the demeanor of this kiddo’s mom change completely, and I knew why. I asked her, “Mom, when you hear the word ‘inoperable,’ what do you think?” She replied, “I think it means it’s so bad that there is nothing you can do.”

The intern immediately said, “Oh no, I meant non-operative, not inoperable.” The patient’s mother used this moment to teach—”I’d be really happy if you said, ‘Joe is 10 and was in a car accident. He broke his hip, but it doesn’t need surgery and his physical therapy is all set up and ready to go.’”

Alan Alda of M*A*S*H* fame founded the Alan Alda Center for Communicating Science at Stony Brook University in 2009 (see <https://www.aldacenter.org>) to teach scientists and health professionals to translate and communicate highly complex topics in clear and engaging ways. This group has been able to train scientists all over the world in how to speak with their patients and the public about their work in ways that makes what sounds like science fiction as common as making breakfast.

One of Alda’s basic premises of communication is listening more than you talk and removing jargon from communication. If you can’t translate your message, you don’t really understand it. He says, “The difference between listening and pretending to listen, I discovered, was enormous. One is fluid, the other is rigid. One is alive, the other is stuffed. Eventually, I found a radical way of thinking about listening. Real listening is a willingness to let the other person change you. When I’m willing to let them change me, something happens between us that’s more interesting than a pair of dueling monologues.”



In 2019, we are going to embark on some exciting training about “what to say and how to say it” when we engage with our members as a next step in our work with Healthy Opportunities. Whether in person, via email, on the phone, or any other way, we are going to learn how to be changed in order to create change. Watch The Hub and the 2019 all-staff address for more details.

Inoperable and non-operative are not the same thing. But even when we have to say “inoperable,” we need to know how to do it.



“The truth is, I’m someone coming from a spoiled society—the worst thing we deal with in Canada is winter.”

Denis Villeneuve

“I miss everything about Chicago, except January and February.”

Gary Cole



Recipe of the Month by Sarah Beard, MA, RDN and Kausar Siddiqi, MS, RDN, CD

Creamy Chicken Noodle Soup

Prep: 25 minutes; Ready In: 45 minutes

Makes: 8 (1 and 1/2 cup) servings

Recipe by: Diabetic Living Magazine. "This easy slow-cooker chicken noodle soup is chock-full of vegetables and noodles and gets extra creaminess from a little light cream cheese."

Ingredients:

- 1 (32 fluid ounces) container reduced-sodium chicken broth
- 3 cups water
- 2 and 1/2 cups chopped cooked chicken (about 12 ounces)
- 3 medium carrots, sliced (1 and 1/2 cups)
- 3 stalks celery, sliced (1 and 1/2 cups)
- 1 and 1/2 sliced fresh mushrooms (4 ounces)
- 1/4 cup chopped onion
- 1 and 1/2 teaspoon dried thyme, crushed
- 3/4 teaspoon garlic pepper seasoning
- 3 ounces reduced-fat cream cheese (Neufchâtel), cut up
- 2 cups dried egg noodles



Directions:

1. In a 5- to 6-quart slow cooker combine broth, the water, chicken, carrots, celery, mushrooms, onion, thyme, and garlic-pepper seasoning.
2. Cover and cook on low-heat setting for 6 to 8 hours or on high-heat setting for 3 to 4 hours.
3. If using low-heat setting, turn to high-heat setting. Stir in cream cheese until combined. Stir in uncooked noodles. Cover and cook for 20 to 30 minutes more or just until noodles are tender.

Tip: For easy cleanup, line your slow cooker with a disposable slow cooker liner. Add ingredients as directed in recipe. Once your dish is finished cooking, spoon the food out of the slow cooker and simply dispose of the liner. Do not lift or transport the disposable liner with food inside.

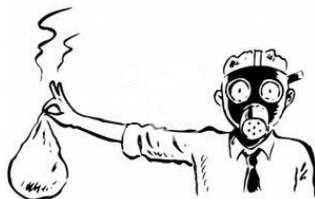
Nutrition information per serving (serving size: 1 and 1/2 cups): 170 calories; 6 grams fat (2 saturated fat); 2 grams fiber; 12 grams carbohydrates; 17 grams protein; 0 micrograms folate; 54 milligrams cholesterol; 3 grams sugars; 3 milligrams vitamin C; 45 milligrams calcium; 2 milligrams iron; 381 milligrams sodium; 381 milligrams potassium

Carbohydrate servings: 1; **Exchanges:** 1/2 vegetable; 1/2 starch; 2 lean meat; 1/2 fat

Source: <http://www.eatingwell.com/recipe/259463/creamy-chicken-noodle-soup/>

"It is a curious thought, but it's only when you see people looking ridiculous, that you realize just how much you love them."

Agatha Christie



"Love can change a person the way a parent can change a baby—awkwardly, and often with a great deal of mess."

Lemony Snicket